

APR 27 2005

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark W. Kroll et al.

Serial No.: 10/071,282

Examiner: M. Bockelman

Filed: 02/07/2002

Art Unit: 3762

Docket No.: A02P1013US01

For: SYSTEM AND METHOD FOR EVALUATING RISK OF MORTALITY DUE  
TO CONGESTIVE HEART FAILURE USING PHYSIOLOGIC SENSORSTRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILINGMail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

X Amendment and Request for ReconsiderationX Transmittal Letter, Fee and Cert. of Mailing

| CALCULATION OF FEES |  |   |   |                       |                     |
|---------------------|--|---|---|-----------------------|---------------------|
| ITEM                |  | NO. OF CLAIMS<br>REMAINING AFTER<br>AMENDMENT | NO. OF CLAIMS<br>PREVIOUSLY<br>PAID FOR | ADD'L<br>CLAIMS FILED | LARGE ENTITY<br>FEE |
| A                   | TOTAL CLAIMS FEE   | 6   | 24                                      | 0                     | X \$ 50             |
| B                   | INDEPENDENT<br>CLAIMS FEE**  | 3   | 3                                       | 0                     | X \$200             |
| C                   | MULTIPLE-<br>DEPENDENT   |   |   |                       | X \$ 360            |
| D                   | EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160   |   |   |                       | 0                   |
| E                   | ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement;<br>Terminal Disclaimer, etc.)<br>Specify: Terminal Disclaimer |   |   |                       | 130                 |
| F                   | TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)   |   |   |                       | \$130**             |

XCharge Deposit Account No. 16-0068  
the amount of

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A copy of this letter is  
enclosed.

PATENT

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

4/27/05

Ronald S. Tamura

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Reg. No. 43,179

Attorney for Applicants

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

**April 27, 2005**

Estella Pinairo 4/27/05  
Estella Pinairo Date

**TELECOPIER COVER SHEET**

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|---|--|
| <b>To: Assistant Commissioner for Patents</b>   | <b>From: Estella Pineiro<br/>Patent Administrator<br/>818/493-2251</b>                     |
| <b>Attention: Examiner M. Bockelman<br/>Art Unit: 3762<br/>TECHNOLOGY CENTER 3700</b>   | <b>ST. JUDE MEDICAL CRMD<br/>15900 Valley View Court<br/>Sylmar, California 91392-9221</b> |
| <b>Telecopier: 703/872-9306</b>   | <b>Telecopier: 818/362-4795</b>  |
| <b>RE: Amendment and Request for<br/>Reconsideration and<br/>Terminal Disclaimer...</b><br><br>Applic. No. 10/071,282<br>Filed: 02/07/2002<br>Docket No. A02P1013US01 | <b>Number of pages being sent:<br/><u>14</u> (including cover page)</b>                    |

PLEASE DELIVER TO EXAMINER BOCKELMAN, ART UNIT 3762. THANK YOU.

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